

STATE HOME INSPECTION - STAFFING PROFILE

INSTRUCTIONS:

1. The Staffing Profile consists of 5 Parts.
2. Complete Part I, noting numbers of operating beds, beds authorized for VA per diem payments, patient census (veterans and non veterans), staff positions authorized, and staff available at the time of the inspection for each level of care provided by the home (i.e., nursing home, domiciliary, and/or hospital).
3. Complete Part II, by enumerating total staff positions for the facility and then break down the assigned FTEE for each level of care. For example, if the facility has (12) R.N.'s, this may break down to 5 for the hospital, 6 for the nursing home and 1 for the domiciliary. NOTE: If staff positions are by agreement, contract, or on consultation basis, specify as follows:

Number of staff, qualifications, number of hours per week, AG = Agreement, CT = Contract, CS = Consultant.

Example: Social work: 1 MSW, 4 hours/week, CS
Dietetics: 1 RD, 8 hours/week, CS

4. Complete Parts III through V, nursing staffing patterns, for each level of care. Determine the average number and type of nursing staff on each shift for a 4-week period selected at random to determine the average weekly nursing staffing pattern. A separate form should be used for each separate building and include each level of care in that building.
5. In Parts III, IV and V, complete the average nursing care hours per patient per day as follows:

$$\text{Nursing Care hours/patient/day} = \frac{\text{Total staff in average week} \times 7.5 \text{ hours}}{\text{patient census (both veteran and non-veteran)} \times 7 \text{ days}}$$
6. Complete certification that muster, reconciliation or records, and verification of per diem rates were done and state the results in a narrative.
7. File the original report at the VAMC of jurisdiction and provide one copy to the State Home Commandant and one for the Chief Consultant for Geriatrics and Extended Care (114), VACO, within 30 days from the date of inspection.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

STATE HOME INSPECTION

NAME OF HOME				DATE OF INSPECTION
PART I	TOTAL FACILITY	HOSPITAL	NHC	DOM
OPERATING BEDS				
AUTHORIZED APPROVALS				
PATIENT CENSUS				
POSITIONS AUTHORIZED				
STAFF AVAILABLE				
PART II - STAFF	TOTAL FACILITY	HOSPITAL	NHC	DOM
PHYSICIANS:				
PHYSICIANS ASSISTANTS				
DENTISTS				
SOCIAL WORK: MSW				
BSW				
SOCIAL WORK ASSISTANT				
PHARMACY: REG. PHARMACIST				
DIETETICS: REG. DIETITIAN				
FOOD SUPERVISOR				
DIETARY ASSISTANTS				
NURSING:				
NURSING ADM./SUP.				
DIRECT CARE: CERT. N.P./C.N.S.				
R.N.				
L.P.N./L.V.N.				
N.A.				
REHABILITATION THERAPY				
REG. P.T./P.T. AIDES				
REG. O.T./O.T. AIDES				
MENTAL HEALTH: PSYCHOLOGIST				
PSYCHIATRIST				
PSYCHIATRIC SOCIAL WORKER				
COUNSELOR				
SPEECH AND AUDIOLOGY				
OPHTHALMOLOGY/OPTOMETRY				
PODIATRY				
RADIOLOGY/LABORATORY				
RECREATION/ACTIVITIES				
DIRECTOR				
ASSISTANTS				
VOLUNTEERS				
CHAPLAIN				
ADMINISTRATION				
ENGINEERING				
MAINTENANCE/HOUSEKEEPING				
MEDICAL RECORDS				
OTHER (Specify)				

NAME OF HOME	DATE OF INSPECTION
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NURSING SERVICE STAFFING PATTERN
(Four Week Average)

PART III HOSPITAL (Average hours Hosp. _____)																					
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA
DAY																					
EVENING																					
NIGHT																					

PART IV NURSING HOME (Average hours NHC _____)																					
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA
DAY																					
EVENING																					
NIGHT																					

PART V DOMICILIARY (Average hours Dom. _____)																					
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA
DAY																					
EVENING																					
NIGHT																					